



**COPY**  
**NOT FOR**  
**Recordation**  
**ASSIGNMENT**

US  
PATENT

WHEREAS, I/WE

(1) **Robyn O'HEHIR**, an Australian citizen of 120 Gatehouse Street, Parkville, Victoria 3052, Australia

hereinafter referred to as Assignor (collectively if more than one inventor is listed above), have invented certain new and useful improvements in (TITLE) **Immunointeractive molecules and their uses in treating subjects**

**suffering from Hev b 5 allergies**

the specification of which:

- (a) ☐ was executed on even date herewith;
- (b) ☒ was filed on **25 March 2002** as ☐ Application No. \_\_\_\_\_ or  
☒ Express Mail No., as Application No. not yet known **EV 075321613 US** and was  
amended on \_\_\_\_\_ (if applicable); or
- (c) ☐ was described and claimed in PCT International Application \_\_\_\_\_  
filed on \_\_\_\_\_  
and as amended under PCT Article 19 on \_\_\_\_\_ (if any) and/or under PCT Article 34 on \_\_\_\_\_ (if any).

AND WHEREAS,

**MONASH UNIVERSITY**, of Wellington Road, Clayton, Victoria 3168, Australia, AND  
**COOPERATIVE RESEARCH CENTRE FOR ASTHMA**, of Level 8, Building 82, Royal  
Prince Alfred Hospital, Camperdown, New South Wales 2050, Australia

(hereinafter referred to as Assignee) desires to acquire the entire rights, title, and interest in and to the said improvements with respect to the United States of America, its territories and possessions.

NOW, THEREFOR, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby acknowledges that it has sold, assigned, transferred and set over, and by these presents does hereby sell, assign, transfer and set over, unto Assignee, its successors, legal representatives and assigns, the entire right, title, and interest in the United States of America, and its territories and possessions in, to and under said improvements, and any Patent Applications in the United States of America and all divisions, renewals and continuations thereof, and all Patents of the United States of America which may be granted thereon and all reissues and extensions thereof, and all rights of priority under International Conventions; and Assignor hereby authorizes and requests the Commissioner of Patents of the United States of America to issue all Patents for said improvements to Assignee, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND ASSIGNOR HEREBY covenants and agrees that it will communicate to Assignee, its successors, legal representatives and assigns, any facts known to it respecting said improvements, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid Assignee, its successors, legal representatives and assigns, to obtain and enforce proper patent protection for said improvements in the United States of America.

IN TESTIMONY WHEREOF, Assignor intending to be legally bound has hereunto affixed its signature.

Signed at Prahran this 31<sup>st</sup> day of May, 2002

Signature of

**Robyn O'HEHIR**

Witness

**DECLARATION AND POWER OF ATTORNEY - USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Immunointeractive molecules and their uses in treating  
subjects suffering from Hcv b 5 allergies  
the specification of which:

- (a) ☐ is attached hereto; or
- (b) ☒ was filed on 25 March 2002 as ☐ Application No. 0 / \_\_\_\_\_ or ☒ Express Mail No., as Application No. not yet known EV 075321613 US and was amended on \_\_\_\_\_ (if applicable); or
- (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any) and/or under PCT Article 34 on \_\_\_\_\_ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56;

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent, design or inventor's certificate or any PCT international application(s) listed below and have also identified below any foreign application(s) for patent, design or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed for the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 U.S.C. § 119	
Australia	PQ3057/99	24 September 1999	<input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>
Australia	PQ8964/00	24 July 2000	<input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>
PCT	PCT/AU00/01182	22 September 2000	<input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S.A. Application(s)

Application No.: \_\_\_\_\_ Filing Date: \_\_\_\_\_ Status: \_\_\_\_\_

POWER OF ATTORNEY: I hereby appoint the registrants of Knobbe, Martens, Olson & Bear, LLP, 620 Newport Center Drive, Sixteenth Floor, Newport Beach, California 92660, Telephone (714) 760-0404, Customer No. 20,995 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith (if this application is assigned, I acknowledge that the appointed individuals do not represent me, and that instead they represent the assignee).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: 1-00 Robyn O'HEHIRInventor's signature X R. J. O'Hehir Day 31 Month 5 Year 2002Residence (city and country): 120 Gatehouse Street, Parkville, Victoria 3052, Australia ANXCitizenship: AustralianPost Office Address: "as above"

Full name of second inventor: \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Residence (city and country): \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of third inventor: \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Residence (city and country): \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Send Correspondence To:

KNOBBE, MARTENS, OLSON &amp; BEAR, LLP

Customer No. 20,995



Inventor:  
Application No.:  
Filed:  
Title:

Case No.:

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CRCA

### VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL-ENTITY STATUS

1. I, the undersigned, do hereby declare that:

- a. ☐ I am an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office with regard to the invention described in the patent or application identified above; OR
- b. ☐ While I am not an inventor, I declare that rights under contract or law have been conveyed to and remain with me with regard to the invention described in the patent or application identified above. I would qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying fees to the United States Patent and Trademark Office if I had made the invention; OR
- c. ☐ I am the owner of the small business concern identified below OR  
☐ I am an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS: \_\_\_\_\_

ADDRESS OF SMALL BUSINESS: \_\_\_\_\_

If either of the boxes in item (c) is checked, I further declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.1301 through 121.1305, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. I further declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in the patent or application identified above; OR

- d. ☒ I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION: COOPERATIVE RESEARCH CENTRE FOR ASTHMA

ADDRESS OF NONPROFIT ORGANIZATION: ROYAL PRINCE ALFRED HOSPITAL, CAMBERWELL

TYPE OF NONPROFIT ORGANIZATION: NSW, 2050 AUSTRALIA.

- ☐ university or other institution of higher education; OR
- ☐ tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)); OR
- ☒ nonprofit scientific or educational organization qualified under a nonprofit organization statute under a statute of a state of the United States of America  
(name of state: AUSTRALIA)  
(citation of statute: \_\_\_\_\_); OR
- ☐ would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)) if located in the United States of America; OR
- ☐ would qualify as nonprofit scientific or educational organization qualified under a nonprofit organization statute under a statute of a state of the United States of America if located in the United States of America  
(name of state: \_\_\_\_\_)  
(citation of statute: \_\_\_\_\_)

NB - PLEASE SELECT APPLICABLE

Inventor:  
Application No.:  
Filed:  
Title:

Case No.:

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If Box (d) is checked, I further declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in the patent or application identified above.

2. The individual, concern or organization identified above has not assigned, granted, conveyed or licensed, and is under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).
3. If the rights held by the above-identified individual, concern or organization are not exclusive, each individual, concern or organization having rights in the invention are identified below. Each such individual, concern or organization must file separate verified statements averring to their status as small entities.

**\*NOTE:** Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME: MONASH UNIVERSITY  
ADDRESS: Wellington Road, Clayton, Victoria 3168, Australia  
[ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN [ ] NONPROFIT ORGANIZATION

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
[ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN [ ] NONPROFIT ORGANIZATION

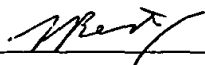
4. I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small-entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: X PHILIP BERT  
TITLE OF PERSON (if not an owner or individual): X CHIEF EXECUTIVE OFFICER  
ADDRESS OF PERSON SIGNING: X LEVEL 8, BUILDING 82, ROYAL PRINCE ALFRED HOSPITAL  
CAMPDENOWN, NSW, 2050, AUSTRALIA.

NAME OF PERSON SIGNING: \_\_\_\_\_  
TITLE OF PERSON (if not an owner or individual): \_\_\_\_\_  
ADDRESS OF PERSON SIGNING: \_\_\_\_\_

NAME OF PERSON SIGNING: \_\_\_\_\_  
TITLE OF PERSON (if not an owner or individual): \_\_\_\_\_  
ADDRESS OF PERSON SIGNING: \_\_\_\_\_

SIGNATURE: X 

DATE: 29 MAY 2002

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Inventor:  
Application No.:  
Filed:  
Title:

Case No.:

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MONASH UNIVERSITY

### VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL-ENTITY STATUS

1. I, the undersigned, do hereby declare that:

- a. ☐ I am an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office with regard to the invention described in the patent or application identified above; OR
- b. ☐ While I am not an inventor, I declare that rights under contract or law have been conveyed to and remain with me with regard to the invention described in the patent or application identified above. I would qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying fees to the United States Patent and Trademark Office if I had made the invention; OR
- c. ☐ I am the owner of the small business concern identified below OR  
☐ I am an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS: \_\_\_\_\_

ADDRESS OF SMALL BUSINESS: \_\_\_\_\_

If either of the boxes in item (c) is checked, I further declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.1301 through 121.1305, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. I further declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in the patent or application identified above; OR

d. ☒ I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION: Monash University

ADDRESS OF NONPROFIT ORGANIZATION: Wellington Rd, Victoria 3800, Australia

TYPE OF NONPROFIT ORGANIZATION: University

- ☒ university or other institution of higher education; OR
- ☐ tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)); OR
- ☐ nonprofit scientific or educational organization qualified under a nonprofit organization statute under a statute of a state of the United States of America  
(name of state: \_\_\_\_\_)  
(citation of statute: \_\_\_\_\_); OR
- ☐ would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)) if located in the United States of America; OR
- ☐ would qualify as nonprofit scientific or educational organization qualified under a nonprofit organization statute under a statute of a state of the United States of America if located in the United States of America  
(name of state: \_\_\_\_\_)  
(citation of statute: \_\_\_\_\_)

NB. PLEASE SELECT APPLICABLE

Inventor:  
Application No.:  
Filed:  
Title:

Case No.:

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If Box (d) is checked, I further declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in the patent or application identified above.

2. The individual, concern or organization identified above has not assigned, granted, conveyed or licensed, and is under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).
3. If the rights held by the above-identified individual, concern or organization are not exclusive, each individual, concern or organization having rights in the invention are identified below. Each such individual, concern or organization must file separate verified statements averring to their status as small entities.

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FULL NAME: COOPERATIVE RESEARCH CENTRE FOR ASTHMA

ADDRESS: Level 8, Building 82, Royal Prince Alfred Hospital, Camperdown,  
New South Wales 2050, Australia

☐ INDIVIDUAL    ☐ SMALL BUSINESS CONCERN    ☒ NONPROFIT ORGANIZATION

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ INDIVIDUAL    ☐ SMALL BUSINESS CONCERN    ☐ NONPROFIT ORGANIZATION

4. I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small-entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: X PETER DARVALL

TITLE OF PERSON (if not an owner or individual): X Deputy Vice-Chancellor

ADDRESS OF PERSON SIGNING: X Wellington Road, Victoria 3800 Australia

NAME OF PERSON SIGNING: \_\_\_\_\_

TITLE OF PERSON (if not an owner or individual): \_\_\_\_\_

ADDRESS OF PERSON SIGNING: \_\_\_\_\_

NAME OF PERSON SIGNING: \_\_\_\_\_

TITLE OF PERSON (if not an owner or individual): \_\_\_\_\_

ADDRESS OF PERSON SIGNING: \_\_\_\_\_

SIGNATURE: X 

DATE: 25/6/02

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_